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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 10784-888	Filing Date
						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3	1		1				
4							
5	1		1				
6							
7	3		3				
8	1		1				
9	3		3				
10	2						
11	1		1				
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14	3		3				
15	1		1				
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50							
Total Indep	3		4				
Total Depend	21		25				
Total Claims	24		36				

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